

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013773

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 21 1962

Primary Registration District No. 6091 Registrar's No. 20

VS 300
Rev. 4/59

1 0970

2 0540

3 1

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

SALINE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

EMMA

Length of stay in 1b

3 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

203 NORTH ELM

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

LAFAYETTE

c. CITY

EMMA

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1/4 N. WEST

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

PRICE

Middle

HIGGINS

Last

TYLER

4. DATE OF DEATH

Month

MAR.

Day

13

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

SEPT 14, 1906

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GRAIN ELEVATOR CLERK

10b. KIND OF BUSINESS OR INDUSTRY

GRAIN

11. BIRTHPLACE (City and state or country)

PETTIS COUNTY, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

R.S. TYLER

13b. MOTHER'S MAIDEN NAME

MARY HIGGINS

14. NAME OF HUSBAND OR WIFE

TILLIE TYLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. Tillie Tyler

Address

EMMA, MO

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Immediately

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 12, 1949 to Mar 13, 1962 and last saw him alive on Dec 21, 1961

Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. H. Mandy, M.D.

22b. ADDRESS

Concordia, Mo

22c. DATE SIGNED

3/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAR. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S

23d. LOCATION (City, town, or county)

EMMA, MO

(State)

24. FUNERAL DIRECTOR

E. L. Jones

ADDRESS

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

Mar. 16, 1962

26. REGISTRAR'S SIGNATURE

Mary Mandy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

APR 12 1962

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.